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ABSTRACT

Both courts and police departments have had difficulty in coping with increased juvenile crime. This paper describes a program of collaboration between law enforcement and social services which illustrates a developing trend in the management of youthful offenders. In a suburban Conneticut community (Hamden), the police department regularly utilizes the municipal mental health agency to receive substantial numbers of youthful offenders diverted form the juvenile justice system. Under the auspices of a federal grant, mental health and police representative have aslo developed guidelines for making diversionary decisions and recruited other agencies to receive referrals. Other communities are currently building collaborative relationships and diversionary projects based on the Hamden model. (Author)

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Diverting Youthful Offenders Through Law Enforcement - Social Service Collaboration

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The Problem of Juvenile Crime

The 1970 FBI Crime statistics indicate that the "arrest rate of persons under the age of 18 doubled" between 1960 and 1969 (Annual Report of Federal Activities). During 1970 over one million juveniles were referred to court and that figure has continued to rise (Criminal Justice Monograph, 1973). In addition, the seriousness of delinquent acts has also increased and consequently juvenile courts are overwhelmed and limited in their effectiveness.

Substantial research has emphasized the importance of the family as a prime contributor to juvenile delinquency (e.g. Glueck and Glueck, 1960 and Parsons and Alexander, 1973). Such findings have encouraged mental health practitioners to become involved with the juvenile justice system, e.g. attempts have been made to build family counseling resources into court systems in some areas. However, until recently, police departments have not had access to such services. Currently, counseling agencies are turning their attention to police departments in an effort to divert juveniles away from the court and into social service programs.

Jameson, Lindheimer, and Mayhugh (1973) found twenty-three pilot diversion projects around the country. Since 1971, several such programs have appeared on the Connecticut scene, partially due to a state statute which gives local police the authority to refer juvenile offenders to agencies other than the court. Innovative work in the Town of Hamden, described below, has also influenced other programs around the state.

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Problem Solving Efforts in a Suburban Community

Background

The Town of Hamden is a suburb of New Haven, Connecticut, with a population of approximately 50,000 residents with a median income of more than $12,000.

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...dditional emphasis on education, recreation, and social welfare within the town has resulted in the establishment of numerous service programs including a community mental health clinic.

The Hamden Mental Health Service (HMHS) was created in 1970 as a community clinic specializing in child and family counseling and with other local human service organizations, the development or improvement of other social services, e.g. the public schools, the visiting nurses and the police (Reid, 1975).

With respect to the Hamden Police Department (HPD), two major targets for HMHS consultative effort were to assist the Youth Division in making disposition decisions and expand the number of referral resources as alternatives to the juvenile court. The Youth Division, directed by a ranking officer and composed of two additional plain clothed investigators, is charged with investigations of serious complaints involving juveniles, reviewing all dispositions of juvenile offenders and conducting all missing persons investigations. A description of HMHS work with the HPD Youth Division and other agencies comprises the remainder of this paper.

Early HMHS - Youth Division Contact

HMHS consultation to the Youth Division began in 1971 when the supervising officer requested HMHS assistance in dealing with a runaway apprehended by the police. Joint resolution of this case led to substantive conversations regarding: status offenses, other non-criminal problems, the paucity of referral resources available as alternatives to the juvenile court, and the process through which disposition decisions are made. Many conversations about these topics were held in the cramped offices occupied by the Youth Division, while accompanying officers on investigations, over lunch, coffee and at social gatherings. Considerable effort was made to establish credibility through this type of involvement.

Four specific objectives were formulated by HMHS staff during the initial stage of consultation.

A. The Youth Division required more spacious and private quarters in a place accessible to other community agencies in order to render truly effective service.

B. Examination and formalization of decision making criteria would seem likely to improve departmental efficiency and public service.

C. As a newly developing service HMHS wanted to establish a smooth channel for referrals from the Youth Division.

D. The cultivation of additional resources for referral was essential to meet the need created by the large volume of apprehensions.

Work on the above objectives was facilitated by obtaining a Law Enforcement Assistance Administration (LEAA) grant for a project budgeted at $25,000 per year over a two year period beginning in September, 1972.

As perscribed by the grant, the Youth Division was relocated in the Hamden Health Building together with the Public Health and Mental Health Departments and the Visiting Nurse Association. This transfer, initially viewed with skepticism born by law enforcement and social service personnel, resulted in a greater frequency and flexibility of contact between police and social services, more comfort and privacy for police meetings with families, and less fear in adolescents.

Another major goal of the project was to formalize disposition decision criteria. For the first six months decisions were recorded and discussed in order to identify the underlying rationale. A review of all juvenile apprehensions from each previous week took place in regular meetings between Youth Division investigators and HMHS representatives. Ultimately representatives from the juvenile court and the public school system joined this Review Board which provided added information and assistance in decision making. At the end of the first year, categories of offenses were established as a guide to be used with some social history information in making disposition decisions. During the two year grant period a substantial increase in social service referrals was noted from the 1971 total of six; however, massive numbers of juveniles were not channeled away from the court. In 1972, three hundred thirty-one juveniles were referred to court and twenty-two to social service agencies while in 1973, three hundred twenty-nine went to court and twenty-four to alternative resources.

Almost all of those juveniles referred to social service agencies in 1972 and 1973 were sent to HWHS documenting the establishment of a smooth referral channel. Even though numerous attempts were made to develop other referral resources, little progress was made in this area.

A Revitalized Effort

As a result of failing to generate more referral resources and the increased availability of LEAA money, a new grant was submitted for the funding of a Youth Service Bureau to be located in the Hamden Health Building. The Bureau would be charged with: (a) offering outreach counseling for adolescents who were unresponsive to traditional social services; (b) participating in the Review Board; and (c) assisting in the recruitment of more referral resources for delinquent youth, partially through purchase of service arrangements. For example, in 1974 the Youth Service Bureau channeled $12,000 to HWHS to purchase additional counseling services to delinquent youth and their families and more Youth Division and juvenile court consultation.

The addition of the Youth Service Bureau and other social service personnel to the Review Board gave the project some new life and direction. First, the number of social service referrals began to rise, i.e. in 1974, 472 cases were reviewed while 31 were diverted away from the juvenile court; in 1975, 400 cases were reviewed with 82 diverted into other agencies. This substantial increase represents, in part, the recruitment of more agencies in Hamden and neighboring communities to accept referrals from the police. Most significantly, the Hamden Public School System's social workers and guidance counselors agreed to accept referrals where problems related to school performance. This referral process was expedited by the school attendance officer who had participated on the Review Board for the preceding year while acting as liaison between HPD and the school system.

Impact and Future Direction

Even though progress has been made, there are still shortcomings in the review process. The most notable of these is the lack of systematically collected social history. A more formalized system of collecting such data is needed in order to make better decisions about diversion. There is also a need for more systematic follow-up and client advocacy to insure that services are received.

Since Hamden established its Review Board four years ago, services have improved and expanded not only in Hamden but in other communities as well. Review Boards and civilian screeners have proliferated through community support and LEAA grants.

The future of the Hamden program lies in two directions. First, a proposal has been drafted for an Evaluation and Diversion Officer (screener) to gather more systematic social history information, to participate on the Review Board, and to expedite referrals. These services will increase confidence in diversion decisions and insure the availability of needed services. Second, the Review Board must continue to recruit additional specialized referral resources such as drug and alcohol counseling programs. Beyond these two targets lies the specification of even more sophisticated criteria for disposition decisions and an examination of the recidivism of court versus social service referrals.

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